

APPENDIX B

DELAWARE MANUFACTURED HOME RELOCATION AUTHORITY

APPLICATION FOR REMOVAL AND DISPOSAL ASSISTANCE

SUBMITTED BY MANUFACTURED HOME COMMUNITY OWNER

The undersigned Applicant, a manufactured home community owner, hereby requests assistance from the Delaware Manufactured Home Relocation Trust Fund pursuant to 25 Del. C. §7014. By signing this form, Applicant certifies that Applicant is the owner of a manufactured home community, as defined in 25 Del. C. §7003(l), and that Applicant has paid Applicant's share of the total Trust Fund assessment during to course of the tenancies and has remitted to the Authority the tenant's share as required by law. Applicant agrees that if Applicant realizes a profit from the removal and/or disposal of a home included in this Application, Applicant will notify the Authority in writing and will reimburse the Trust Fund for any profit gained by the Applicant pertaining to that home. Applicant understands that it is a class A misdemeanor for a landlord or a landlord's agent to file any notice, statement, or other document required under Section 7014 which is false or contains a material misstatement of fact.

(Signature of Landlord)

(Date)

(Social Security or E.I. Number)

LANDLORD NAME _____
(Please Print)

PARK NAME _____

PARK ADDRESS: _____
Space No.

CITY/STATE/ZIP CODE: _____

Mailing Address if different from where park is located:

PHONE NUMBER: _____ Total Spaces in Park: _____

TOTAL HOMES LOCATED IN PARK: _____

DATE TERMINATION/NONRENEWAL NOTICE MAILED TO TENANTS: _____

DATE RECLOCATION PLAN FILED WITH AUTHORITY: _____

Please attach: (a) a copy of the Relocation Plan and all quarterly updates to the Plan; (b) a copy of the notice of termination or non-renewal due to a change in use of land; (c) if you are seeking recovery of removal/disposal expenses, you must submit a copy of your contract with a licensed moving or towing contractor for the moving and disposal expenses for each home that is being removed or disposed of; (d) for each non-relocatable or abandoned home for which compensation is sought, complete the attached summary form and submit with this Application.

Total Removal/Disposal Expenses Claimed: \$ _____

This form must be completed and returned along with the required documents to:

Delaware Manufactured Home Relocation Authority
Dover, Delaware 19901

NON-RELOCATABLE OR ABANDONED HOME DESCRIPTION FORM

HOME OWNER INFORMATION

Name: _____
Address: _____
City/State/Zip Code: _____
Phone Number: _____

CURRENT LOCATION OF MANUFACTURED HOME

Address & Space Number: _____

DESCRIPTION OF HOME

Single or Multi-Wide: _____
Size: _____
Manufacturer: _____
Serial Number: _____
Year Manufactured: _____
HUD Label if any: _____

LISTING OF APPURTENANCES ATTACHED TO THE HOME, INCLUDING ESTIMATE OF SIZE:

(Awnings, Skirting, Coolers or Air Conditioners, Sheds, Porches, Carport, etc.)

DETAIL OF WORK TO BE PERFORMED AND CHARGES:

NOTE: **MUST INCLUDE ALL DISASSEMBLY, TRANSPORTATION AND DISPOSAL COSTS.**

Contractor Information:

Name: _____

Address: _____

IF APPLICANT REALIZES A PROFIT FROM THE REMOVAL AND/OR DISPOSAL OF THE HOME, APPLICANT MUST REIMBURSE THE TRUST FUND FOR ANY PROFIT GAINED BY APPLICANT PERTAINING TO THAT HOME.